## UNITED STATES DISTRICT COURT

for the

| Southern District of New York  |                                    |  |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|--|
| Plaintiff(s)  V.  Amanda Palmer  Defendant(s)  | ) ) ) (                            |  |  |  |  |  |  |
| SUMMONS IN A CIVIL ACTION  |                                    |  |  |  |  |  |  |
| To: (Defendant's name and address) Amanda Palmer 14 Glen Road South Lexington, MA 02420  |                                    |  |  |  |  |  |  |
| A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Kamerman, Uncyk, Soniker & Klein, P.C.  1700 Broadway, 16th Floor New York, NY 10019 |                                    |  |  |  |  |  |  |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.   |                                    |  |  |  |  |  |  |
|  | CLERK OF COURT                     |  |  |  |  |  |  |
| Date:  | Signature of Clerk or Denuty Clerk |  |  |  |  |  |  |

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:25-cv-00969

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| was re | This summons for <i>(narceived by me on (date)</i>   | me of individual and title, if an | · · · · · · · · · · · · · · · · · · · |                                 |      |      |  |  |
|--------|--|-----------------------------------|---------------------------------------|---------------------------------|------|------|--|--|
|        | •  | I the summons on the ind          |                                       |                                 |      |      |  |  |
|        |  |                                   | on                                    | (date)                          | ; or |      |  |  |
|        | ☐ I left the summons at the individual's residence or usual place of abode with (name)                                   |                                   |                                       |                                 |      |      |  |  |
|        | , a person of suitable age and discretion who resides there,   |                                   |                                       |                                 |      |      |  |  |
|        | on (date), and mailed a copy to the individual's last known address; or, I served the summons on (name of individual), w |                                   |                                       |                                 |      |      |  |  |
|        |  |                                   |                                       |                                 |      |      |  |  |
|        | designated by law to accept service of process on behalf of (name of organization)                                       |                                   |                                       |                                 |      |      |  |  |
|        |  | on (date)                         |                                       |                                 |      |      |  |  |
|        | ☐ I returned the summons unexecuted because  |                                   |                                       |                                 |      | ; or |  |  |
|        | ☐ Other (specify):   |                                   |                                       |                                 |      |      |  |  |
|        | My fees are \$   | for travel and S                  | \$                                    | for services, for a total of \$ | 0.00 |      |  |  |
|        | I declare under penalty of perjury that this information is true.  |                                   |                                       |                                 |      |      |  |  |
| Date:  |  |                                   |                                       |                                 |      |      |  |  |
|        |  |                                   |                                       |                                 |      |      |  |  |
|        | Printed name and title   |                                   |                                       |                                 |      |      |  |  |
|        |  | _                                 |                                       | Server's address                |      |      |  |  |

Additional information regarding attempted service, etc: